



JUVENILE REHABILITATION ADMINISTRATION (JRA)
SUPERVISORY FILE/CASE NOTES REVIEW

YOUTH'S NAME	JRA NUMBER	PAROLE COUNSELOR'S NAME		
OFFENSE		REVIEW DATE	CURRENT PHASE/LEVEL	PAROLE DISCHARGE DATE
CASE NOTES				
<input type="checkbox"/> Current <input type="checkbox"/> Complete <input type="checkbox"/> Accurate <input type="checkbox"/> Objective		<input type="checkbox"/> Met or exceeded minimum supervision standards <input type="checkbox"/> Met or exceeded minimum program standards		
CASE NOTE COMMENTS				
CASE FILE				
<u>Parole Conditions</u>		<u>Treatment Provider Information</u>		<u>JRA Plans</u>
<input type="checkbox"/> Parole contracts in file <input type="checkbox"/> Consistent with client and community safety <input type="checkbox"/> Treatment needs addressed		<input type="checkbox"/> Provider reports in file <input type="checkbox"/> Treatment contracts in file		<input type="checkbox"/> Current <input type="checkbox"/> Documents progress and intervention
CASE FILE COMMENTS				

DISTRIBUTION: Case File; Parole File